

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION		Charge Presented To: <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC Agency(ies) Charge No(s): 420-2022-00427	
<i>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</i>			
<i>State or local Agency, if any</i>			
Name (Indicate Mr., Ms., Mrs.) Mrs. Keyarah Mckenzie Smith		Home Phone (Incl. Area Code) [REDACTED]	Date of Birth [REDACTED]
Street Address [REDACTED]		City, State and ZIP Code	
<i>Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)</i>			
Name UAB DEPARTMENT OF NEUROLOGY		No. Employees, Members 500 or More	Phone No. (Include Area Code)
Street Address 1720 7th Ave South, Birmingham, AL 35233		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)			
DATE(S) DISCRIMINATION TOOK PLACE Earliest 09-02-2021 Latest 11-01-2021			
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/> CONTINUING ACTION			
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I. I am a female individual. I was hired by the Company on June 10, 2019, as an Office Service Specialist III. On or about September 2, 2021, I complained to Dr. Ubogu, Director of Neuromuscular Department via email. I informed Dr. Ubogu that I did not have a lactation room, which was easily accessible to the location where I worked. I asked that I be provided time for me to perform my lactation activities. The fact that I had to go to areas which were not accessible to my work location, caused me to take additional time during my lactation activities. I was harassed about having to take time to do this. In this email, I also informed Dr. Ubogu that I was pregnant. Dr. Ubogu informed me that we would have a meeting on September 7, 2021, to address my concerns. However, the meeting was conducted without my presence. The Company failed to provide a lactation room near my work location and failed to address the harassing treatment I received. On or about September 12, 2021, I requested Family Medical Leave (FMLA). I was out on leave without pay, when my FMLA was denied on October 25, 2021 and was terminated on November 1, 2021.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>	
11/29/2021	Date	Charging Party Signature	

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and EEOC			
<i>State or local Agency, if any</i>			
<p>II. I was given no reason for the treatment I received. I was told my leave was denied and I was terminated because of current staffing shortages.</p> <p>III. I believe I was discriminated and retaliated against due to a condition (pregnancy) related to my sex (female); for requesting an accommodation and for engaging in protected activity in violation of Title VII of the Civil Rights Act of 1964, as amended and the Title I of the Americans with Disabilities Act of 1990, as amended.</p>			

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I declare under penalty of perjury that the above is true and correct.

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Date

Charging Party Signature